

**Fill in this information to identify your case:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>120,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>113,549.55</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>233,549.55</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>47,454.88</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>5,500.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>44,359.35</b>
<b>Your total liabilities</b>		\$ <b>97,314.23</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I) Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>5,483.07</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>4,023.83</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Christopher Robin Spires**  
 Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **9,462.70**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>2,000.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>2,000.00</b>

**Fill in this information to identify your case and this filing:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-00025

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**2314 OLD BARNWELL ROAD**

Street address, if available, or other description

**Lexington SC 29073-0000**  
City State ZIP Code

**Lexington**  
County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$120,000.00</u>	<u>\$120,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:**

**DEBTORS RESIDENCE: 2314 OLD BARNWELL ROAD, LEXINGTON, SC 29073, LEXINGTON COUNTY, (3) BEDROOM, (2) BATH VINYL SIDING HOME, HOME WAS BUILT IN 1979 AND HAS (1,467) TOTAL SQUARE FEET, DEBTOR PURCHASED HOME IN 2004 FOR (\$109,000), DEBTOR REFINANCED HOME IN 2006 FOR (\$114,000); TMS # 006532-03-012), TAX APPRAISAL VALUE (\$119,508), SEE ATTACHED TAX APPRAISAL, DEBTORS OPINION OF MARKET VALUE (\$120,000)**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$120,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make: **FORD**  
Model: **F150**  
Year: **2006**  
Approximate mileage: **128,974**  
Other information:  
**VIN # (1FTPX145X6NB00446),  
(4) DOOR, (8) CYLINDER,  
KELLEY BLUE BOOK VALUE  
(\$4,972)**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$4,972.00</b></u>	<u><b>\$4,972.00</b></u>

3.2 Make: **CHEVROLET**  
Model: **AVALANCHE**  
Year: **2008**  
Approximate mileage: **111,679**  
Other information:  
**VIN # (3GNEC12018G145496),  
(4) DOOR, (8) CYLINDER,  
KELLEY BLUE BOOK VALUE  
(\$9,971)**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$9,971.00</b></u>	<u><b>\$9,971.00</b></u>

3.3 Make: **TOYOTA**  
Model: **PRIUS**  
Year: **2012**  
Approximate mileage: **91,751**  
Other information:  
**VIN # (JTDKN3DU2C5481837),  
(4) DOOR, (4) CYLINDER,  
KELLEY BLUE BOOK VALUE  
(\$6,008)**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$6,008.00</b></u>	<u><b>\$6,008.00</b></u>

3.4 Make: **HARLEY DAVIDSON**  
Model: **XL1200C**  
Year: **2004**  
Approximate mileage: **28,311**  
Other information:  
**VIN # (1HD1CGP184K445016),  
NADA VALUE (\$2,690)**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$2,690.00</b></u>	<u><b>\$2,690.00</b></u>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$23,641.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the**

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**portion you own?**  
Do not deduct secured  
claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**HOUSEHOLD GOODS: COUCH, LOVE SEAT, (3) BEDS, (3)  
DRESSERS, NIGHT STAND, END TABLE, COFFEE TABLE,  
ENTERTAINMENT CENTER, REFRIGERATOR, WASHER, DRYER,  
FREEZER, RECLINER, LAMPS**

**\$3,000.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**ELECTRONICS: (4) TELEVISIONS**

**\$800.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

**ASSORTED BOOKS AND PICTURES**

**\$50.00**

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**CLOTHING: ASSORTED USED CLOTHING**

**\$900.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**JEWELRY: ASSORTED COSTUME JEWELRY**

**\$150.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No  
☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$4,900.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No  
☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes.....

Institution name:

17.1. <b>Checking</b>	<b>PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT # (2006-S10)</b>	<b>\$2,412.55</b>
17.2. <b>Savings</b>	<b>PALMETTO CITIZENS FEDERAL CREDIT UNION: SAVINGS ACCOUNT # (2006-S1)</b>	<b>\$0.00</b>

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them.....  
Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them  
Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No  
☒ Yes. List each account separately.  
Type of account: Institution name:

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**401(k)**

**RETIREMENT PROGRAM: ERISA QUALIFIED  
401K RETIREMENT PROGRAM,  
TRANSWORLD RETIREMENT SOLUTIONS,  
4333 EDGEWOOD ROAD NE, CEDAR  
RAPIDS, IA 52499, FACE VALUE OF  
PROGRAM (\$40,000), PROGRAM CANNOT BE  
ENTERED INTO WITHOUT SUBSTANTIAL  
PENALTY UNTIL RETIREMENT AGE IS  
REACHED, CASH SURRENDER VALUE OF  
PROGRAM (\$0.00)**

**\$40,000.00**

**401(k)**

**RETIREMENT PROGRAM: ERISA QUALIFIED  
401K RETIREMENT PROGRAM, T. ROWE  
PRICE, PO BOX 17215, BALTIMORE, MD  
21297, FACE VALUE OF PROGRAM (\$42,596),  
PROGRAM CANNOT BE ENTERED INTO  
WITHOUT SUBSTANTIAL PENALTY UNTIL  
RETIREMENT AGE IS REACHED, CASH  
SURRENDER VALUE OF PROGRAM (\$0.00)**

**\$42,596.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (9742), FACE VALUE OF POLICY (\$551,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**SPOUSE**

**\$0.00**

**LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (9742), FACE VALUE OF POLICY (\$306,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**SPOUSE**

**\$0.00**

**LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (6385), FACE VALUE OF POLICY (\$350,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**SPOUSE**

**\$0.00**

**LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (6385), FACE VALUE OF POLICY (\$20,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**CHILDREN**

**\$0.00**

**LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0001), FACE VALUE OF POLICY (\$12,353), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**SPOUSE**

**\$0.00**



Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

LIFE INSURANCE: CONTINENTAL  
AMERICAN INSURANCE COMPANY,  
1600 WILLIAMS STREET, COLUMBIA,  
SC 29201; POLICY # (0001), FACE  
VALUE OF POLICY (\$13,125), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

SPOUSE

\$0.00

LIFE INSURANCE: CONTINENTAL  
AMERICAN INSURANCE COMPANY,  
1600 WILLIAMS STREET, COLUMBIA,  
SC 29201; POLICY # (0081), FACE  
VALUE OF POLICY (\$10,000), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

SPOUSE

\$0.00

LIFE INSURANCE: CONTINENTAL  
AMERICAN INSURANCE COMPANY,  
1600 WILLIAMS STREET, COLUMBIA,  
SC 29201; POLICY # (0082), FACE  
VALUE OF POLICY (\$10,000), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

CHILDREN

\$0.00

LIFE INSURANCE: CONTINENTAL  
AMERICAN INSURANCE COMPANY,  
1600 WILLIAMS STREET, COLUMBIA,  
SC 29201; POLICY # (0083), FACE  
VALUE OF POLICY (\$10,000), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

CHILDREN

\$0.00

LIFE INSURANCE: CONTINENTAL  
AMERICAN INSURANCE COMPANY,  
1600 WILLIAMS STREET, COLUMBIA,  
SC 29201; POLICY # (6385), FACE  
VALUE OF POLICY (\$111,000), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

SPOUSE

\$0.00

LIFE INSURANCE: AFLAC, 1932  
WYNNTON ROAD, COLUMBUS, GA  
31999; POLICY # (6385), FACE VALUE  
OF POLICY (\$10,000), CASH  
SURRENDER VALUE OF POLICY  
(\$0.00)

CHILDREN

\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$85,008.55**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$120,000.00</b>
56. Part 2: Total vehicles, line 5	<b>\$23,641.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$4,900.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$85,008.55</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>+</b> <b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$113,549.55</b>	Copy personal property total <b>\$113,549.55</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$233,549.55</b>

# COUNTY OF LEXINGTON

SOUTH CAROLINA

ONLINE SERVICES

SITE MAP

CONTACT US

# Residence

Data last updated: 12/22/2016

TMS#:006532-03-012 [Show Map](#)

TAX YEAR:2017

OWNER:SPIRES, CHARITY &amp; CHRISTOPHER

ADDRESS:2314 OLD BARNWELL RD  
LEXINGTON, SC 29073

PROPERTY ADDRESS:2314 OLD BARNWELL RD

LEGAL DESCRIPTION:LAND OF THE LAKES LOT 11 BLK A

DEED BOOK &amp; PAGE:9552-240

PLAT:245-417

LAND USE:1001:RESIDENTIAL - IMPROVED

TAX DISTRICT:1

**ASSESSMENT INFORMATION**

LOTS:1

ACRES:

TAXABLE LAND:22000

TAXABLE BUILDING:97508

ASSESSMENT LAND:880

ASSESSMENT BUILDING:3900

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:4780

**BUILDING INFORMATION**

SQUARE FOOT LIVING AREA:1467

UNFINISHED AREA:

YEAR BUILT:1979

NUMBER OF BEDROOMS:3

NUMBER OF FULL BATHS:2

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT: HT AND AIR-CENTRAL HEAT  
AND AIR**SALES INFORMATION****SALE DATE****SELLER****BUYER****PRICE****BOOK/PAGE**

08/27/2004

MCINNIS, LEE I

SPIRES, CHARITY &amp; CHRISTOPHER

109000

9552-240

02/18/1999

BEHRENS BRUCE K

MCINNIS LEE I

99000

5241-202

05/01/1997

BEHRENS A W

BEHRENS B K

5

4192-138

05/01/1994

COOPER K C &amp; A P

BEHRENS B K &amp; A W

7200

3026-156

05/01/1991

PASSAMONI P L &amp; G L

COOPER K C &amp; ETAL

89900

1847-188

Total  
Value:  
\$119,508

**Fill in this information to identify your case:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2314 OLD BARNWELL ROAD Lexington, SC 29073 Lexington County DEBTORS RESIDENCE: 2314 OLD BARNWELL ROAD, LEXINGTON, SC 29073, LEXINGTON COUNTY, (3) BEDROOM, (2) BATH VINYL SIDING HOME, HOME WAS BUILT IN 1979 AND HAS (1,467) TOTAL SQUARE FEET, DEBTOR PURCHA Line from <i>Schedule A/B</i> : 1.1	\$120,000.00	<input checked="" type="checkbox"/> \$106,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)
2008 CHEVROLET AVALANCHE 111,679 miles VIN # (3GNEC12018G145496), (4) DOOR, (8) CYLINDER, KELLEY BLUE BOOK VALUE (\$9,971) Line from <i>Schedule A/B</i> : 3.2	\$9,971.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
2012 TOYOTA PRIUS 91,751 miles VIN # (JTDKN3DU2C5481837), (4) DOOR, (4) CYLINDER, KELLEY BLUE BOOK VALUE (\$6,008) Line from <i>Schedule A/B</i> : 3.3	\$6,008.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>HOUSEHOLD GOODS: COUCH, LOVE SEAT, (3) BEDS, (3) DRESSERS, NIGHT STAND, END TABLE, COFFEE TABLE, ENTERTAINMENT CENTER, REFRIGERATOR, WASHER, DRYER, FREEZER, RECLINER, LAMPS</b> Line from Schedule A/B: 6.1	<b>\$3,000.00</b>	<input checked="" type="checkbox"/> <b>\$3,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>ELECTRONICS: (4) TELEVISIONS</b> Line from Schedule A/B: 7.1	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>ASSORTED BOOKS AND PICTURES</b> Line from Schedule A/B: 8.1	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>CLOTHING: ASSORTED USED CLOTHING</b> Line from Schedule A/B: 11.1	<b>\$900.00</b>	<input checked="" type="checkbox"/> <b>\$900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(3)</b>
<b>JEWELRY: ASSORTED COSTUME JEWELRY</b> Line from Schedule A/B: 12.1	<b>\$150.00</b>	<input checked="" type="checkbox"/> <b>\$150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(4)</b>
<b>Checking: PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT # (2006-S10)</b> Line from Schedule A/B: 17.1	<b>\$2,412.55</b>	<input checked="" type="checkbox"/> <b>\$2,412.55</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD</b>
<b>401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401K RETIREMENT PROGRAM, TRANSWORLD RETIREMENT SOLUTIONS, 4333 EDGEWOOD ROAD NE, CEDAR RAPIDS, IA 52499, FACE VALUE OF PROGRAM (\$40,000), PROGRAM CANNOT BE ENTERED INTO WITHOUT SUBSTANTIAL PENALTY UNTIL RETIREMEN</b> Line from Schedule A/B: 21.1	<b>\$40,000.00</b>	<input checked="" type="checkbox"/> <b>\$40,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 9-1-1680</b>
<b>401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401K RETIREMENT PROGRAM, T. ROWE PRICE, PO BOX 17215, BALTIMORE, MD 21297, FACE VALUE OF PROGRAM (\$42,596), PROGRAM CANNOT BE ENTERED INTO WITHOUT SUBSTANTIAL PENALTY UNTIL RETIREMENT AGE IS REACHED, CASH SURREND</b> Line from Schedule A/B: 21.2	<b>\$42,596.00</b>	<input checked="" type="checkbox"/> <b>\$42,596.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 9-1-1680</b>

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (9742), FACE VALUE OF POLICY (\$551,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (9742), FACE VALUE OF POLICY (\$306,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (6385), FACE VALUE OF POLICY (\$350,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.3	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: LINCOLN FINANCIAL, 150 NORTH RADNOR-CHESTER ROAD, RADNOR, PA 19087; POLICY # (6385), FACE VALUE OF POLICY (\$20,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: CHILDREN</b> Line from Schedule A/B: 31.4	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0001), FACE VALUE OF POLICY (\$12,353), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.5	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0001), FACE VALUE OF POLICY (\$13,125), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.6	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0081), FACE VALUE OF POLICY (\$10,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.7	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0082), FACE VALUE OF POLICY (\$10,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: CHILDREN</b> Line from Schedule A/B: 31.8	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (0083), FACE VALUE OF POLICY (\$10,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: CHILDREN</b> Line from Schedule A/B: 31.9	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: CONTINENTAL AMERICAN INSURANCE COMPANY, 1600 WILLIAMS STREET, COLUMBIA, SC 29201; POLICY # (6385), FACE VALUE OF POLICY (\$111,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: SPOUSE</b> Line from Schedule A/B: 31.10	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>
<b>LIFE INSURANCE: AFLAC, 1932 WYNNTON ROAD, COLUMBUS, GA 31999; POLICY # (6385), FACE VALUE OF POLICY (\$10,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> <b>Beneficiary: CHILDREN</b> Line from Schedule A/B: 31.11	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>S.C. Code Ann. § 38-63-40(A)</b>

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes



Fill in this information to identify your case:

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>AMERICAN CREDIT ACCEPTANCE</b> <small>Creditor's Name</small>  <b>PO BOX 204531</b> <b>Dallas, TX 75320</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$18,248.00</b>	<b>\$9,971.00</b>	<b>\$8,277.00</b>
<p><b>Describe the property that secures the claim:</b>  <b>2008 CHEVROLET AVALANCHE: TO BE PAID THROUGH PLAN</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>Auto Loan</b></p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b> <u>01/16</u> <b>Last 4 digits of account number</b> <u>1001</u></p>				

2.2	<b>MOTOLEASE TITLING TRUST</b> <small>Creditor's Name</small>  <b>10866 WILSHIRE BLVD SUITE 565</b> <b>Los Angeles, CA 90024</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$3,557.88</b>	<b>\$2,690.00</b>	<b>\$867.88</b>
<p><b>Describe the property that secures the claim:</b>  <b>2004 HARLEY DAVIDSON XL1200C: TO BE PAID THROUGH PLAN</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>MOTORCYCLE LOAN</b></p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p>				

Debtor 1 **Christopher Robin Spires** Case number (if know) **17-00025**  
 First Name Middle Name Last Name  
 Debtor 2 **Charity Wilson Spires**  
 First Name Middle Name Last Name  
 Date debt was incurred **08/16** Last 4 digits of account number **5016**

**2.3 REGIONAL FINANCE** Describe the property that secures the claim: **\$8,831.00** **\$4,972.00** **\$3,859.00**  
 Creditor's Name  
**910 DUTCH SQUARE**  
**BLVD**  
**SUITE 102**  
**Columbia, SC 29210**  
 Number, Street, City, State & Zip Code  
 Describe the property that secures the claim:  
**2006 FORD F150: TO BE VALUED THROUGH PLAN**  
 As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Auto Loan**  
 Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
 Date debt was incurred **05/14** Last 4 digits of account number **2089**

**2.4 RUSHMORE LOAN MANAGEMENT** Describe the property that secures the claim: **\$0.00** **\$120,000.00** **\$0.00**  
 Creditor's Name  
**PO BOX 52708**  
**Irvine, CA 92619**  
 Number, Street, City, State & Zip Code  
 Describe the property that secures the claim:  
**2314 OLD BARNWELL ROAD**  
**Lexington, SC 29073: ARREARS TO BE TREATED THROUGH LOAN MODIFICATION**  
 As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Mortgage**  
 Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
 Date debt was incurred **08/16** Last 4 digits of account number **9065**

**2.5 SANTANDER CONSUMER** Describe the property that secures the claim: **\$16,818.00** **\$6,008.00** **\$10,810.00**  
 Creditor's Name  
**PO BOX 560284**  
**Dallas, TX 75356**  
 Number, Street, City, State & Zip Code  
 Describe the property that secures the claim:  
**2012 TOYOTA PRIUS: TO BE PAID THROUGH PLAN**  
 As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
 Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Debtor 1 **Christopher Robin Spires** Case number (if know) **17-00025**  
First Name Middle Name Last Name  
Debtor 2 **Charity Wilson Spires**  
First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☒ Other (including a right to offset) **Auto Loan**

Date debt was incurred **04/15** Last 4 digits of account number **4955**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$47,454.88**

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$47,454.88**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**LEXINGTON COUNTY MAGISTRATE**  
**111 LINCREEK DRIVE**  
**Columbia, SC 29212**  
On which line in Part 1 did you enter the creditor? **2.4**  
Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**ROGERS TOWNSEND & THOMAS**  
**PO BOX 100200**  
**Columbia, SC 29202**  
On which line in Part 1 did you enter the creditor? **2.4**  
Last 4 digits of account number \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>IRS</b> Priority Creditor's Name <b>PO BOX 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9742</b> <b>\$2,000.00</b> When was the debt incurred? <b>2015</b>	<b>\$2,000.00</b>	<b>\$0.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
<b>Unsecured Federal Income Taxes</b>				



Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

4.2	<b>GE CAPITAL</b> Nonpriority Creditor's Name <b>PO BOX 965033</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>8341</b></u> <b>When was the debt incurred?</b> <u><b>2015</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Deficiency</b></u>	<b>\$12,941.00</b>
4.3	<b>GLASS MOUNTAIN CAP</b> Nonpriority Creditor's Name <b>1930 THOREAU DRIVE</b> <b>SUITE 100</b> <b>Schaumburg, IL 60173</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>3527</b></u> <b>When was the debt incurred?</b> <u><b>2015</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	<b>\$1,148.74</b>
4.4	<b>IRS</b> Nonpriority Creditor's Name <b>PO BOX 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>NOTICE ONLY</b></u>	<b>\$0.00</b>

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

4.5	<b>IRS</b> Nonpriority Creditor's Name <b>PO BOX 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9742</u> <b>When was the debt incurred?</b> <u>2011</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Unsecured Federal Income Taxes</b></u>	<b>\$10,000.00</b>
-----	---	---	--------------------

4.6	<b>LEXINGTON COUNTY</b> Nonpriority Creditor's Name <b>212 SOUTH LAKE DRIVE</b> <b>Lexington, SC 29072</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>NOTICE ONLY</b></u>	<b>\$0.00</b>
-----	---	--	---------------

4.7	<b>LEXINGTON MEDICAL CENTER</b> Nonpriority Creditor's Name <b>PO BOX 100273</b> <b>Columbia, SC 29202</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9742</u> <b>When was the debt incurred?</b> <u>2015</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical Bills</b></u>	<b>\$3,000.00</b>
-----	---	--	-------------------

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

4.8	<b>MIDLAND CREDIT MANAGEMENT</b> Nonpriority Creditor's Name <b>PO BOX 60578</b> <b>Los Angeles, CA 90060</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>0946</b></u> <b>When was the debt incurred?</b> <u><b>2015</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	<b>\$1,117.10</b>
-----	--	--	-------------------

4.9	<b>MIDLAND CREDIT MANAGEMENT</b> Nonpriority Creditor's Name <b>PO BOX 60578</b> <b>Los Angeles, CA 90060</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>1006</b></u> <b>When was the debt incurred?</b> <u><b>2015</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	<b>\$1,050.02</b>
-----	--	--	-------------------

4.1 0	<b>NATIONWIDE CREDIT</b> Nonpriority Creditor's Name <b>PO BOX 26314</b> <b>Lehigh Valley, PA 18002</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>3785</b></u> <b>When was the debt incurred?</b> <u><b>2015</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	<b>\$6,698.47</b>
----------	--	--	-------------------



Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

4.1  
1

**NORTHLAND GROUP**

Nonpriority Creditor's Name

**PO BOX 390846**

**Minneapolis, MN 55439**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6904**

**\$4,952.99**

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1  
2

**ORANGEBURG COUNTY CLUB**

Nonpriority Creditor's Name

**PO BOX 1105**

**Orangeburg, SC 29116**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1796**

**\$800.00**

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.1  
3

**QUALIA COLLECTION SERVICES**

Nonpriority Creditor's Name

**PO BOX 4699**

**Petaluma, CA 94955**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5115**

**\$2,651.03**

When was the debt incurred? **2105**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

4.1 4	<b>SC DEPT OF REVENUE</b> Nonpriority Creditor's Name <b>PO BOX 12265</b> <b>Columbia, SC 29211</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>NOTICE ONLY</b>
----------	---	---

4.1 5	<b>WELLS FARGO DEALER SERVICES</b> Nonpriority Creditor's Name <b>PO BOX 17900</b> <b>Denver, CO 80217</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9603</b> <b>Unknown</b> When was the debt incurred? <b>2015</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Deficiency</b>
----------	--	---

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>ATTORNEY GENERAL OF UNITED STATES</b> <b>950 PENNSYLVANIA AVE, NW</b> <b>Washington, DC 20530-0001</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.4</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>ATTORNEY GENERAL OF UNITED STATES</b> <b>950 PENNSYLVANIA AVE, NW</b> <b>Washington, DC 20530-0001</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>2.1</b> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>ATTORNEY GENERAL OF UNITED STATES</b> <b>950 PENNSYLVANIA AVE, NW</b> <b>Washington, DC 20530-0001</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.5</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if know) **17-00025**

Name and Address  
**US ATTORNEY'S OFFICE**  
**ATTN DOUG BARNETT**  
**1441 MAIN ST STE 500**  
**Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US ATTORNEY'S OFFICE**  
**ATTN DOUG BARNETT**  
**1441 MAIN ST STE 500**  
**Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US ATTORNEY'S OFFICE**  
**ATTN DOUG BARNETT**  
**1441 MAIN ST STE 500**  
**Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>2,000.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>3,500.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>5,500.00</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>44,359.35</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>44,359.35</b>

Fill in this information to identify your case:

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name  Number Street  City State ZIP Code	
2.2 Name  Number Street  City State ZIP Code	
2.3 Name  Number Street  City State ZIP Code	
2.4 Name  Number Street  City State ZIP Code	
2.5 Name  Number Street  City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Christopher Robin Spires</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Charity Wilson Spires</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-00025		

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Christopher Robin Spires

Debtor 2 Charity Wilson Spires  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-00025  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	<b>Occupation</b>	<u>CHEMICAL OPERATOR</u>	<u>SUPERVISOR</u>
	<b>Employer's name</b>	<u>DAK AMERICAS</u>	<u>AFLAC GROUP INSURANCE</u>
	<b>Employer's address</b>	<u>570 K AVENUE Gaston, SC 29053</u>	<u>400 LAUREL STREET Columbia, SC 29201</u>
	<b>How long employed there?</b>	<u>SINCE 04/00</u>	<u>SINCE 02/01</u>

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,852.36</u>	\$ <u>4,610.34</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>4,852.36</u>	\$ <u>4,610.34</u>

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> .....	4. \$ <b>4,852.36</b>	\$ <b>4,610.34</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>988.68</b>	\$ <b>1,043.20</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>306.37</b>	\$ <b>276.62</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>0.00</b>	
5e. <b>Insurance</b>	5e. \$ <b>407.66</b>	\$ <b>298.92</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. <b>Other deductions.</b> Specify: <b>401K LOAN #1</b>	5h.+ \$ <b>252.03</b>	+ \$ <b>232.34</b>	
<b>401K LOAN #2</b>	\$ <b>173.81</b>	\$ <b>0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>2,128.55</b>	\$ <b>1,851.08</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>2,723.81</b>	\$ <b>2,759.26</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,723.81</b>	+ \$ <b>2,759.26</b>	= \$ <b>5,483.07</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <b>5,483.07</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>DEBTORS DO NOT ANTICIPATE ANY CHANGES IN INCOME OF MORE THAN 10% EXCEPT COST OF LIVING 1-5%. DEBTORS INCOME WAS CALCULATED USING 2016 YEAR TO DATE INCOME WAS IT IS A BETTER REFLECTION OF DEBTORS CURRENTLY MONTHLY INCOME. JOINT DEBTOR IS PAID BI-MONTHLY IN THE GROSS AMOUNT OF (\$2,305.17).</b>			

Doc # 17-00025-dd Doc 12 Filed 01/27/17 Entered 01/27/17 14:50:58 Desc Main  
 DAK 00000520427 00000520427 1

Page 32 of 64

**Earnings Statement**

DAK AMERICAS LLC  
 5925 CARNEGIE BLVD. #500  
 CHARLOTTE, NC 28209  
 COMPANY PH #: 704-940-4954

Period Beginning: 12/12/2016  
 Period Ending: 12/25/2016  
 Pay Date: 12/30/2016

Taxable Marital Status: Married  
 Exemptions/Allowances:  
 Federal: 0  
 SC: 0

CHRISTOPHER R SPIRES  
 2314 OLD BARNWELL ROAD  
 LEXINGTON SC 29073

Earnings	rate	hours	this period	year to date
Regular	24.4900	63.40	1,552.67	44,348.74
Overtime	36.7350	8.00	293.88	6,182.64
Holiday Allow	24.4900	16.00	391.84	1,946.24
Holiday Worked	24.4900	12.00	440.82	1,763.28
Vac	24.4900	.60	14.69	
Jury Duty				102.86
Ne Var Comp				3,045.76
<b>Gross Pay</b>			<b>42,693.90</b>	<b>61,274.08</b>

Other	this period	year to date
401K Pretax	,161.83*	3,676.47
<b>Net Pay</b>	<b>\$1,732.84</b>	
Checking	,1,732.84	
<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
 \$2,381.32

Deductions	Statutory	
Federal Income Tax	,65.06	3,998.35
Social Security Tax	,157.66	3,585.31
Medicare Tax	,36.87	833.82
SC State Income Tax	,165.15	3,468.88

Other Benefits and Information	this period	total to date
GII		17.09

Other	
Ad&D Child	-0.92
Ad&D Employee	-6.92
Ad&D Spouse	-5.54
Critical Ill Ea	-5.12
Dental	,11.67*
Life Child	,1.11
Life Employee	,14.71
Life Spouse	,2.88
Medical	,132.39*
Vision	,6.89*
401K Loan 1	,116.32
401K Loan 2	-80.22

**Important Notes**

EFFECTIVE THIS PAY PERIOD YOUR FEDERAL EXEMPTIONS  
 HAVE BEEN CHANGED FROM 0 TO 9.

Page 32 of 64

DAK AMERICAS LLC  
 5925 CARNEGIE BLVD. #500  
 CHARLOTTE - NC 28209  
 COMPANY PH #: 704-940-4954

Advice number: 00000520427  
 Pay date: 12/30/2016

Deposited to the account of  
 CHRISTOPHER R SPIRES

account number transit ABA amount  
 XXXXXX9530 XXXX XXXX \$1,732.84

THIS IS NOT A CHECK

NON-NEGOTIABLE



CO: FILE: DEPT: GLEB: Document  
DAK: 050927 260940 0000500428

Page 33 of 64

**Earnings Statement**

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Period Beginning: 11/28/2016  
Period Ending: 12/11/2016  
Pay Date: 12/16/2016

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 0  
SC: 0

CHRISTOPHER R SPIRES  
2314 OLD BARNWELL ROAD  
LEXINGTON SC 29073

Earnings	rate	hours	this period	year to date
Regular	24.4900	71.70	1,755.93	42,794.07
Vac	24.4900	12.30	301.23	
Overtime				5,888.76
Holiday Allow				1,554.40
Holiday Worked				1,322.46
Jury Duty				102.86
Ne Var Comp				3,045.76
<b>Gross Pay</b>			<b>32,657.16</b>	<b>58,580.18</b>

Deductions	Statutory		
	Federal Income Tax	,182.41	3,933.29
	Social Security Tax	,118.18	3,407.65
	Medicare Tax	-27.64	796.95
	SC State Income Tax	-113.25	3,311.53
	<b>Other</b>		
	Ad&D Child	-0.82	23.00
	Ad&D Employee	-6.92	173.00
	Ad&D Spouse	-5.54	138.50
	Critical Ill Ea	-5.12	128.00
	Dental	,11.67*	291.75
	Life Child	,1.11	27.75
	Life Employee	,14.71	299.94
	Life Spouse	,2.88	68.00
	Medical	,132.39*	3,171.15
	Vision	,6.89*	172.25
	401K Loan 1	,116.32	2,908.00
	401K Loan 2	-80.22	2,005.50

Other	this period	year to date
401K Pretax	,123.43*	3,514.84
<b>Net Pay</b>	<b>\$1,107.56</b>	
Checking	,1,107.56	
<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,782.78

Other Benefits and Information	this period	total to date
GI		17.09

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE - NC 28209  
COMPANY PH #: 704-940-4954

Advice number: 00000500428  
Pay date: 12/16/2016

Deposited to the account of  
CHRISTOPHER R SPIRES  
account number  
xxxxxxx9530  
transit ABA  
xxxx xxxx  
amount  
\$1,107.56

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO. FILE DEPT. CHECK Document  
DAK 0000429 200940 000040429 1

Page 34 of 64

**Earnings Statement**

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Period Beginning: 11/14/2016  
Period Ending: 11/27/2016  
Pay Date: 12/02/2016

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 0  
SC: 0

CHRISTOPHER R SPIRES  
2314 OLD BARNWELL ROAD  
LEXINGTON SC 29073

<b>Earnings</b>	rate	hours	this period	year to date
Regular	24.4900	63.90	1,564.91	41,038.14
Overtime	36.7350	8.00	293.88	5,888.76
Holiday Allow	24.4900	16.00	391.84	1,554.40
Holiday Worked	24.4900	12.00	440.82	1,322.46
Jury Duty				102.86
Ne Var Comp				3,045.78
<b>Gross Pay</b>			<b>42,831.46</b>	<b>56,523.02</b>

**Net Pay** \$1,524.08  
**Checking** 1,524.08  
**Net Check** \$0.00

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,379.01

<b>Deductions</b>	<b>Statutory</b>		
Federal Income Tax		271.85	3,750.88
Social Security Tax		-157.51	3,289.47
Medicare Tax		-36.84	769.31
SC State Income Tax		-154.99	3,198.28
<b>Other</b>			
Ad&D Child		-0.92	22.08
Ad&D Employee		-6.92	166.08
Ad&D Spouse		-5.54	132.96
Critical Ill Ee		-5.12	122.88
Dental		-11.67*	280.08
Life Child		-1.11	26.64
Life Employee		14.71	285.23
Life Spouse		2.88	65.12
Medical		132.39*	3,038.76
Vision		6.89*	165.36
401K Loan 1		116.32	2,791.68
401K Loan 2		80.22	1,925.28
401K Pretax		-161.49*	3,391.41

**Other Benefits and Information**

	this period	total to date
GII		17.09

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE - NC 28209  
COMPANY PH #: 704-940-4954

Advice number: 00000480429  
Pay date: 12/02/2016

Deposited to the account of	account number	transit ABA	amount
CHRISTOPHER R SPIRES	xxxxxxx9530	xxxx xxxx	\$1,524.08

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO. FILE DEPT. block Document  
DAK 050327 260940 0000460430 1

Page 35 of 64

**Earnings Statement**

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Period Beginning: 10/31/2016  
Period Ending: 11/13/2016  
Pay Date: 11/18/2016

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 0  
SC: 0

CHRISTOPHER R SPIRES  
2314 OLD BARNWELL ROAD  
LEXINGTON SC 29073

Earnings	rate	hours	this period	year to date
Regular	24.4900	80.00	1,959.20	39,473.23
Overtime	36.7350	16.00	587.76	5,584.88
Holiday Allow				1,162.56
Holiday Worked				881.64
Jury Duty				102.88
Ne Var Comp				3,045.76
<b>Gross Pay</b>			<b>\$2,546.86</b>	<b>53,031.57</b>

<b>Net Pay</b>	<b>\$1,429.20</b>
Checking	1,429.20
<b>Net Check</b>	<b>\$0.00</b>

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,243.19

Deductions	Statutory		
Federal Income Tax		251.47	3,479.03
Social Security Tax		148.56	3,131.96
Medicare Tax		34.74	732.47
SC State Income Tax		-145.48	3,043.29
<b>Other</b>			
Ad&D Child		-0.92	21.18
Ad&D Employee		-6.92	159.16
Ad&D Spouse		-5.54	127.42
Critical Ill Ee		-5.12	117.76
Dental		-11.67*	268.41
Life Child		-1.11	25.53
Life Employee		-14.71	270.52
Life Spouse		-2.88	62.24
Medical		-132.39*	2,906.37
Vision		-6.89*	158.47
401K Loan 1		-116.32	2,675.36
401K Loan 2		-80.22	1,845.06
401K Pretax		-152.82*	3,229.92

Other Benefits and Information	this period	total to date
GI		17.09

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Advice number: 00000460430  
Pay date: 11/18/2016

Deposited to the account of	account number	transit ABA	amount
CHRISTOPHER R SPIRES	xxxxxxx9530	xxxx xxxx	\$1,429.20

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

1x20 ADP U.S.

CO FILE PREP CLOCK Document  
DAK 050927 280940 000040428 1

Page 36 of 64

**Earnings Statement**

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Period Beginning: 10/17/2016  
Period Ending: 10/30/2016  
Pay Date: 11/04/2016

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 0  
SC: 0

CHRISTOPHER R SPIRES  
2314 OLD BARNWELL ROAD  
LEXINGTON SC 29073

Earnings	rate	hours	this period	year to date
Regular	24.4900	76.00	1,861.24	37,514.03
Overtime	36.7350	4.90	180.00	5,007.12
Vac	24.4900	3.10	75.92	
Holiday Allow				1,162.56
Holiday Worked				881.64
Jury Duty				102.86
Ne Var Comp				3,045.76
<b>Gross Pay</b>			<b>32,117.16</b>	<b>51,284.61</b>

Other	this period	year to date
401K Pretax	1,127.03*	3,077.10
<b>Net Pay</b>	<b>\$1,146.96</b>	
Checking	1,146.96	
<b>Net Check</b>	<b>\$0.00</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,839.18

Deductions	Statutory		year to date
Federal Income Tax		180.87	3,227.56
Social Security Tax		121.90	2,983.40
Medicare Tax		28.51	697.73
SC State Income Tax		117.20	2,897.81

Other Benefits and Information	this period	total to date
GU		17.09

Other		year to date
Ad&D Child	-0.92	20.24
Ad&D Employee	-6.92	152.24
Ad&D Spouse	-5.54	121.88
Critical Ill Ee	-5.12	112.64
Dental	-11.67*	256.74
Life Child	-1.11	24.42
Life Employee	-14.71	255.81
Life Spouse	-2.88	69.36
Medical	-132.39*	2,773.98
Vision	-6.89*	151.58
401K Loan 1	-116.32	2,559.04
401K Loan 2	-80.22	1,784.84

**Important Notes**

EFFECTIVE THIS PAY PERIOD YOUR FEDERAL EXEMPTIONS  
HAVE BEEN CHANGED FROM 0 TO 0.

FORM 941-LLD

DAK AMERICAS LLC  
5925 CARNEGIE BLVD. #500  
CHARLOTTE, NC 28209  
COMPANY PH #: 704-940-4954

Advice number: 00000440428  
Pay date: 11/04/2016

Deposited to the account of	account number	transit ABA	amount
CHRISTOPHER R SPIRES	XXXXXXXX9530	XXXX XXXX	\$1,146.96

THIS IS NOT A CHECK

NON-NEGOTIABLE

Spiree, Charity Wilson 2314 Old Barnwell Road Lexington SC 29073		Employee ID: 00011011 Cost Center: 0000371400 371400 New Business Mail Drop: Aflac Group - Laurel St 5th Job Title: Supervisor, New Business Pay Rate: \$55,324.00 Annual		TAX DATA: Marital Status: Married Allowances: 00 Addl. Pct.: Addl. Amt.:		Federal Married 00 01 SC State	
<b>HOURS AND EARNINGS</b>						<b>TAXES</b>	
Current YTD							
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current YTD
Salary			1,879.62		46,891.23	FED W/H EE	226.58 6,750.89
Sup Bon					5,197.02	FED OASDI EE	140.29 3,691.73
NC Award					41.43	FED MedcarEE	32.81 803.39
PTO					4,361.92	SC W/H EE	121.92 3,294.38
Holiday	26.80	16.00	426.56		2,127.78		
UPTO					891.53		
Total			2,305.17	59,310.91		Total 521.60 14,600.39	
BEFORE-TAX DEDUCTION			AFTER-TAX DEDUCTION			EMPLOYER PAID BENEFITS INFORMATION	
Description	Current	YTD	Description	Current	YTD	Description	Current YTD
401K	138.31	3,296.39	401L1	116.17	2,751.10	EEGTLTax	3.05 73.20
ProdPTax	25.05	601.20	Same		15.00	Crit II	1.00 24.00
Cancer	16.97	407.28	AD&D EE	3.66	87.84	401K ER	69.18 1,648.20
Vision	3.47	83.28	ProdATax	85.06	1,738.24	EAP-ER	0.85 10.20
			UnivLife	10.66	256.84	GRP LIFE	3.33 79.02
			Dep Life	0.51	12.24	LTD	4.57 109.88
			LifeP	4.08	97.92	FML-ER	1.20 28.80
Total 183.80 4,386.15			Total 220.14 4,958.18			Total 102.67 2,442.24	
Total Gross		FED Taxable Gross		Total Taxes		Total Deductions	
Current: 2,305.17		2,124.42		521.60		403.94	
YTD: 59,310.91		56,247.58		14,600.39		9,348.33	
PTO HOURS				NET PAY DISTRIBUTION			
Balance: 0.00000				Bank Trf 1,379.63			
				Total Deposit: 1,379.63			



HOURS AND EARNINGS						TAXES		
		-----Current-----		-----YTD-----				
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Salary			2,092.39		45,224.38	FED W/H EE	226.58	6,524.31
Sup Bon					5,197.02	FED OASDI EE	140.29	3,551.44
NC Award					41.43	FED Medicare	32.81	830.56
PTO	26.80	8.00	212.78		4,149.15	SC W/H EE	121.02	3,172.46
Holiday					1,702.23			
UPTO					691.53			
Total			2,305.17		57,005.74	Total	521.60	14,078.79

	Total Gross	FED Taxable Gross	Total Taxes	Total Deductions
Current:	2,305.17	2,124.42	521.60	403.94
YTD:	57,005.74	54,123.18	14,078.79	8,942.39
PTO HOURS			NET PAY DISTRIBUTION	
Balance:	0.00000			

Bank Transf	1,379.83
Total Deposit:	1,379.83



Continental American  
Insurance Company  
2801 Devine Street  
Columbia, SC 29205

Page 39 of 64

Payroll Area: All Semi-Monthly  
Pay Begin Date: 11/16/2016  
Pay End Date: 11/30/2016 Advice Date: 11/30/2016

Spires, Charly Wilson 2314 Old Barnwell Road Lexington SC 29073		Employee ID: 00011911 Cost Center: 0000371400 371400 New Business Mail Drop: Aflac Group - Laurel St 5th Job Title: Supervisor, New Business Pay Rate: \$55,324.00 Annual		TAX DATA: Federal SC State Marital Status: Married Married Allowances: 00 01 Addl. Pct.: Addl. Amt.:				
HOURS AND EARNINGS						TAXES		
		Current		YTD				
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Salary			1,879.62		43,131.99	FED W/H EE	226.58	6,297.73
Sup Bon					5,197.02	FED OASDI EE	140.29	3,411.15
NC Award					41.43	FED MedcarEE	32.81	797.77
PTO					3,938.37	SC W/H EE	121.82	3,050.54
Holiday	26.60	16.00	426.55		1,702.23			
UPTO					691.53			
Total			2,305.17		54,700.57	Total	521.60	13,557.19
BEFORE-TAX DEDUCTION			AFTER-TAX DEDUCTION			EMPLOYER PAID BENEFITS INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	136.31	3,019.77	401L1	118.17	2,518.76	EEGTLTax	3.05	67.10
ProdPTax	25.05	551.10	Sams		15.00	Crit III	1.00	22.00
Cancer	16.97	373.34	AD&D EE	3.66	80.52	401K ER	89.16	1,509.89
Vision	3.47	76.34	ProdATax	85.06	1,588.12	EAP-ER	0.85	9.35
			UnivLife	10.66	234.52	GRP LIFE	3.33	73.26
			Dep Life	0.51	11.22	LTD	4.57	100.54
			LifeP	4.08	89.78	FML-ER	1.20	28.40
Total	183.80	4,020.66	Total	220.14	4,517.90	AD&D ER	0.56	12.32
						CancerER	15.47	340.34
						VisionER	3.48	76.56
						Total	102.87	2,237.76
Total Gross		FED Taxable Gross		Total Taxes		Total Deductions		
Current:	2,305.17	2,124.42		521.60		403.94		
YTD:	54,700.57	51,998.74		13,557.19		8,538.46		
PTO HOURS						NET PAY DISTRIBUTION		
Balance: 16.00000						Bank Trans 1,379.83		
						Total Deposit: 1,379.83		



Continental American  
Insurance Company  
2801 Devine Street  
Columbia, SC 29205

Page 40 of 64

Payroll Area:	All Semi-Monthly
Pay Begin Date:	11/18/2016
Pay End Date:	11/18/2016
Advice Date:	11/18/2016

Spires, Charity Wilson 2314 Old Barnwell Road Lexington SC 29073	Employee ID: 00011911 Cost Center: 0000371400 371400 New Business Mail Drop: Aflac Group - Laurel St 5th Job Title: Supervisor, New Business	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 00 01 Addl. Pct.: Addl. Aml.:
--	---	--

HOURS AND EARNINGS						TAXES		
Current			YTD					
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Salary					41,262.37	FED W/H EE	1,299.26	6,071.15
Sup Bon			5,197.02		5,197.02	FED OASDI EE	322.22	3,270.86
NC Award					41.43	FED MedicareEE	75.38	764.96
PTO					3,936.37	SC W/H EE	363.79	2,928.62
Holiday					1,278.68			
UPTO					691.53			
Total			5,197.02		62,395.40	Total	2,060.63	13,035.59

BEFORE-TAX DEDUCTION			AFTER-TAX DEDUCTION			EMPLOYER PAID BENEFITS INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401K	2,881.46		401L1	2,402.59		BEGTLTax		64.05
ProdPTax	526.05		Sams	15.00		Crit III		21.00
Cancer	366.37		AD&D EE	76.86		401K ER		1,440.74
Vision	72.87		ProdATax	1,483.06		EAP-ER		8.50
			UnivLife	223.86		GRP LIFE		69.93
			Dep Life	10.71		LTD		95.97
			LifeP	85.68		FML-ER		25.20
Total	3,836.75		Total	4,297.76		AD&D ER		11.76
						CancerER		324.87
						VisionER		73.06
						Total	0.00	2,136.10

Total Gross	FED Taxable Gross	Total Taxes	Total Deductions
Current: 5,197.02	5,197.02	2,060.63	
YTD: 52,385.40	48,874.32	13,035.59	8,134.51

PTO HOURS	
Balance:	16.00000

NET PAY DISTRIBUTION	
Bank Trans:	3,136.39
Total Deposit:	3,136.39





Continental American  
Insurance Company  
2801 Devine Street  
Columbia, SC 29205

Page 41 of 64

Payroll Area: Afl Semi-Monthly  
Pay Begin Date: 11/01/2016  
Pay End Date: 11/15/2016 Advice Date: 11/15/2016

Spres,Charity Wilson 2314 Old Barnwell Road Lexington SC 29073		Employee ID: 00011911 Cost Center: 0000371400 371400 New Business Mail Drop: Aflac Group - Laurel St 5th Job Title: Supervisor, New Business Pay Rate: \$55,324.00 Annual		TAX DATA: Federal SC State Marital Status: Married Married Allowances: 00 01 Addl. Pct.: Addl. Amt.:	
HOURS AND EARNINGS				TAXES	
-----Current-----YTD-----					
Description	Rate	Hours	Earnings	Description	Current YTD
Salary			2,305.17 41,252.37	FED W/H EE	226.58 4,771.89
NC Award			41.43	FED OASDI EE	140.29 2,948.64
PTO			3,836.37	FED MedicareEE	32.81 689.60
Holiday			1,278.68	SC W/H EE	121.82 2,564.83
UPTO			891.53		
Total		2,305.17	47,198.38	Total	521.60 10,974.96
BEFORE-TAX DEDUCTION			AFTER-TAX DEDUCTION		EMPLOYER PAID BENEFITS INFORMATION
Description	Current	YTD	Description	Current	YTD
401K	138.31	2,881.46	401L1	116.17	2,402.59
ProdPTax	25.05	526.05	Sams	15.00	
Cancer	16.97	356.37	AD&D EE	3.68	76.86
Vision	3.47	72.87	ProdATax	86.06	1,483.06
			UnivLife	10.86	223.86
			Dep Life	0.51	10.71
			LifeP	4.08	85.68
Total	183.80	3,836.75	Total	220.14	4,297.76
					Total
					101.82 2,135.10
Total Gross			FED Taxable Gross	Total Taxes	Total Deductions
Current:	2,305.17		2,124.42	521.60	403.94
YTD:	47,198.38		44,677.30	10,974.88	8,134.51
PTO HOURS			NET PAY DISTRIBUTION		
Balance: 16.00000			Bank Tran 1,379.63		
			Total Deposit: 1,379.63		

Fill in this information to identify your case:

Debtor 1 Christopher Robin Spires

Debtor 2 Charity Wilson Spires  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-00025  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

15

☐ No

☒ Yes

Daughter

21

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 950.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 115.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>350.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>115.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>220.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
<b>7. Food and housekeeping supplies</b>	7. \$	<b>815.00</b>						
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>115.00</b>						
<b>10. Personal care products and services</b>	10. \$	<b>115.00</b>						
<b>11. Medical and dental expenses</b>	11. \$	<b>150.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>488.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>150.00</b>						
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>360.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>AUTO PROPERTY TAXES</b>								
	16. \$	<b>80.83</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>						
17c. Other. Specify: _____	17c. \$	<b>0.00</b>						
17d. Other. Specify: _____	17d. \$	<b>0.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>								
	18. \$	<b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b>								
	\$	<b>0.00</b>						
Specify: _____								
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>4,023.83</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>4,023.83</b></td> </tr> </table> </div>		\$	<b>4,023.83</b>	\$		\$	<b>4,023.83</b>
\$			<b>4,023.83</b>					
\$								
\$	<b>4,023.83</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>5,483.07</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>4,023.83</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>1,459.24</b>						
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. <span style="border: 1px solid black; padding: 2px;">Explain here: <b>DEBTORS DO NOT ANTICIPATE ANY CHANGES IN EXPENSES.</b></span>								

**Fill in this information to identify your case:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Christopher Robin Spires  
**Christopher Robin Spires**  
Signature of Debtor 1

Date January 27, 2017

X /s/ Charity Wilson Spires  
**Charity Wilson Spires**  
Signature of Debtor 2

Date January 27, 2017

**Fill in this information to identify your case:**

Debtor 1 **Christopher Robin Spires**  
First Name Middle Name Last Name

Debtor 2 **Charity Wilson Spires**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-00025**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

☐ Operating a business

**\$0.00**

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

☐ Operating a business

**\$0.00**

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$61,274.08</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$59,310.91</b>
<b>For the calendar year before that: (January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$56,503.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$56,140.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>RUSHMORE LOAN MANAGEMENT SERVICES VS CHRISTOPHER &amp; CHARITY SPIRES 2016CP3201021</b>	<b>FORECLOSURE</b>	<b>LEXINGTON COUNTY 212 SOUTH LAKE DRIVE Lexington, SC 29072</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201 JASON@MOSSATTORNEYS.COM	Attorney Fees: \$0.00 Filing Fee: \$310.00	01/17	\$0.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	Credit Counseling: \$19.52	01/17	\$19.52



Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Debtor 1 Christopher Robin Spires  
Debtor 2 Charity Wilson Spires

Case number (if known) 17-00025

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business  
Name of accountant or bookkeeper

Employer Identification number  
Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Christopher Robin Spires  
Christopher Robin Spires  
Signature of Debtor 1

/s/ Charity Wilson Spires  
Charity Wilson Spires  
Signature of Debtor 2

Date January 27, 2017

Date January 27, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☐ No
- ☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Christopher  
H. Chaney  
Spivak

**DISCLOSURE OF ADDITIONAL ATTORNEY'S FEES**

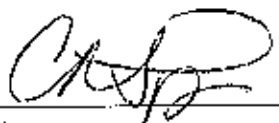
TYPE: Chapter 13 Bankruptcy for the United States Bankruptcy Court, the District of South Carolina.

**Priority Claims for Supplemental Attorney's Fees**

TYPE 1:	Defending §362 Motion by creditor	Amount: \$350
TYPE 2:	Defending Motion to Dismiss by creditor after confirmation	Amount: \$600
TYPE 3:	Resolve Petition to Dismiss by Trustee	Amount: \$185
TYPE 4:	Combined §362 Motion by creditor and attending court	Amount: \$800
TYPE 5:	Motion to reinstate Automatic Stay or resumption of payment	Amount: \$700
TYPE 6:	Motion to modify post-confirmation plan	Amount: \$485
TYPE 7:	Motion for Substitution of Collateral	Amount: \$900
TYPE 8:	Motion to modify post-confirmation plan due to change in circumstances requiring new Schedule I and Schedule J	Amount: \$785
TYPE 9:	Motion to incur debt	Amount: \$785
TYPE 10:	Motion to sell property	Amount: \$785
TYPE 11:	<b>Prevention</b> of §362 Motion for failing to maintain auto/home insurance and/or (out of court work-out)	Amount: \$295
TYPE 12:	Defending §362 Motion by creditor after a previous claim for prevention has been filed	Amount: \$395
TYPE 13:	Motion Establishing Priority of Tax Claim requiring a post-confirmation plan modification	Amount: \$585
TYPE 14:	Objection to Creditor's Proof of Claim requiring a post-confirmation plan modification	Amount: \$585
TYPE 15:	Motion for Moratorium requiring a hearing	Amount: \$485
TYPE 16:	Motion to Substitute Attorney	Amount: \$685
TYPE 17:	Taking over case	Amount: \$785
TYPE 18:	Address change in estate	Amount: \$185
TYPE 19:	Post-Petition consultation relating to Tax Return	Amount: \$285

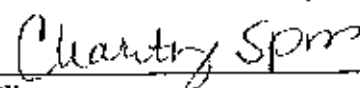
TYPE 20:	Attorney Review/Release of Mortgage communication waiver	Amount: \$285
TYPE 21:	Application to Employ	Amount: \$585
TYPE 22:	Application for Settlement	Amount: \$785
TYPE 23:	Creditor Violation Letter	Amount: \$285
TYPE 24:	Consent Order Approving Loan Modification	Amount: \$785
TYPE 25:	Consent Order Lifting the Stay (to proceed in family court)	Amount: \$785
TYPE 26:	Negotiation with Mortgage Creditor for Loan Modification	Amount: \$1,700
TYPE 27:	Attorney Request and Authorization for Loan Modification and/or workout options	Amount: \$1,285
TYPE 28:	Mortgage Loan Modification Report	Amount: \$800
TYPE 29:	Motion to Reinstate after Dismissal	Amount: \$1000
TYPE 30:	Application for settlement to use insurance proceeds	Amount: \$1,250

These fees are in addition to expedited attorney fees as referenced in the signed attorney client agreement. If you have an issue that requires legal work greater than the above-referenced amounts, a request for approval of additional fees will be submitted to the Bankruptcy Trustee and Bankruptcy Court. If any additional work is needed, the Attorney rate is \$325/ per hour. Any service for a creditor is an additional \$1.00 or more per creditor.

  
\_\_\_\_\_  
Client

\_\_\_\_\_  
Case Number

1-18-17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Client

\_\_\_\_\_  
Case Number

1-18-17  
\_\_\_\_\_  
Date

Fill in this information to identify your case:

Debtor 1 Christopher Robin Spires

Debtor 2 Charity Wilson Spires  
(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number 17-00025  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <b>4,852.36</b>	\$ <b>4,610.34</b>
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <b>0.00</b>	\$ <b>0.00</b>
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <b>0.00</b>	\$ <b>0.00</b>
5. <b>Net income from operating a business, profession, or farm</b>	Debtor 1	
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	-\$ <b>0.00</b>	
Net monthly income from a business, profession, or farm	\$ <b>0.00</b> Copy here ->	\$ <b>0.00</b>
6. <b>Net income from rental and other real property</b>	Debtor 1	
Gross receipts (before all deductions)	\$ <b>0.00</b>	
Ordinary and necessary operating expenses	-\$ <b>0.00</b>	
Net monthly income from rental or other real property	\$ <b>0.00</b> Copy here ->	\$ <b>0.00</b>

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known)

**17-00025**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. <b>Interest, dividends, and royalties</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
8. <b>Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>4,852.36</b>	+ \$ <b>4,610.34</b> = \$ <b>9,462.70</b>
		Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ **9,462.70**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$ .....
.....	\$ .....
.....	+ \$ .....
Total .....	\$ <b>0.00</b>

Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **9,462.70**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **9,462.70**

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. ..... \$ **113,552.40**

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known)

**17-00025**

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. SC
- 16b. Fill in the number of people in your household. 4
- 16c. Fill in the median family income for your state and size of household. \$ 70,981.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 9,462.70
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.
- 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00
- 19b. Subtract line 19a from line 18. \$ 9,462.70
20. Calculate your current monthly income for the year. Follow these steps:
- 20a. Copy line 19b \$ 9,462.70  
Multiply by 12 (the number of months in a year). x 12
- 20b. The result is your current monthly income for the year for this part of the form \$ 113,552.40
- 20c. Copy the median family income for your state and size of household from line 16c \$ 70,981.00
21. How do the lines compare?
- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Christopher Robin Spires**

**Christopher Robin Spires**

Signature of Debtor 1

Date **January 27, 2017**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Charity Wilson Spires**

**Charity Wilson Spires**

Signature of Debtor 2

Date **January 27, 2017**

MM / DD / YYYY



Fill in this information to identify your case:

Debtor 1 Christopher Robin Spires

Debtor 2 Charity Wilson Spires  
(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number 17-00025  
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

#### National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,509.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known) **17-00025**

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 54  
7b. Number of people who are under 65 X 4  
7c. **Subtotal.** Multiply line 7a by line 7b. \$ 216.00 Copy here=> \$ 216.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 130  
7e. Number of people who are 65 or older X 0  
7f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 216.00 Copy total here=> \$ 216.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 628.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,011.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.  
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
<b>RUSHMORE LOAN MANAGEMENT</b>	\$ <u>950.00</u>

9b. Total average monthly payment

\$ 950.00

Copy here=> -\$ 950.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 61.00

Copy here=> \$ 61.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: \_\_\_\_\_

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.  
☐ 1. Go to line 12.  
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **440.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: **2008 CHEVROLET AVALANCHE: TO BE PAID THROUGH PLAN**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **471.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<b>AMERICAN CREDIT ACCEPTANCE</b>	\$ <b>347.00</b>

Total Average Monthly Payment

\$ **347.00**

Copy here => -\$ **347.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ....

\$ **124.00**

Copy net

Vehicle 1 expense here =>

\$ **124.00**

**Vehicle 2** Describe Vehicle 2: **2012 TOYOTA PRIUS: TO BE PAID THROUGH PLAN**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **471.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<b>SANTANDER CONSUMER</b>	\$ <b>320.00</b>

Total average monthly payment

\$ **320.00**

Copy here => -\$ **320.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ....

\$ **151.00**

Copy net

Vehicle 2 expense here =>

\$ **151.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known) **17-00025**

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ **2,112.71**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **1,241.17**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **0.00**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:  
☒ as a condition for your job, or  
☒ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ **0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **220.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ **6,702.88**  
Add lines 6 through 23.

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |                         |  |
|------------------------|-------------------------|--|
| Health insurance       | \$ <b>706.58</b>        |  |
| Disability insurance   | \$ <b>0.00</b>          |  |
| Health savings account | + \$ <b>0.00</b>        |  |
| <b>Total</b>           | <b>\$ <u>706.58</u></b> | <b>Copy total here=&gt; \$ <b>706.58</b></b> |

Do you actually spend this total amount?

☐ No. How much do you actually spend?

☒ Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **0.00**
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ **0.00**  
By law, the court must keep the nature of these expenses confidential.

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known) **17-00025**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.  
If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs  
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.  
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.  
\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. \$ **0.00**
30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.  
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  
You must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).  
Do not include any amount more than 15% of your gross monthly income. \$ **0.00**
32. **Add all of the additional expense deductions.** Add lines 25 through 31. \$ **706.58**

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

##### Mortgages on your home

33a. Copy line 9b here => **Average monthly payment** \$ **950.00**

##### Loans on your first two vehicles

33b. Copy line 13b here => \$ **347.00**

33c. Copy line 13e here => \$ **320.00**

- 33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
<b>MOTOLEASE TITLING TRUST</b>	<b>2004 HARLEY DAVIDSON XL1200C: TO BE PAID THROUGH PLAN</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$ <b>68.00</b>
<b>REGIONAL FINANCE</b>	<b>2006 FORD F150: TO BE VALUED THROUGH PLAN</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$ <b>95.00</b>
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	+\$

33e Total average monthly payment. Add lines 33a through 33d. \$ **1,780.00** Copy total here=> \$ **1,780.00**

Debtor 1  
Debtor 2

**Christopher Robin Spires**  
**Charity Wilson Spires**

Case number (if known)

**17-00025**

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☒ No. Go to line 35.  
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ ÷ 60 = \$ _____	
		Total \$ <b>0.00</b>	Copy total here=> \$ <b>0.00</b>

**35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- ☐ No. Go to line 36.  
☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ **5,500.00** ÷ 60 \$ **91.66**

**36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

\$ **999.00**  
X **9.90**  
\$ **98.90** Copy total here=> \$ **98.90**

Average monthly administrative expense

**37. Add all of the deductions for debt payment.**  
Add lines 33e through 36.

\$ **1,970.56**

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ **6,702.88**  
Copy line 32, All of the additional expense deductions ..... \$ **706.58**  
Copy line 37, All of the deductions for debt payment ..... +\$ **1,970.56**

Total deductions..... \$ **9,380.02** Copy total here=> \$ **9,380.02**

Debtor 1 Christopher Robin Spires  
Debtor 2 Charity Wilson Spires

Case number (if known) 17-00025

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ **9,462.70**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here => \$ **9,380.02**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
	\$
	\$
	\$

Total \$ **0.00**

Copy here=> \$ **0.00**

44. **Total adjustments.** Add lines 40 through 43. => \$ **9,380.02** Copy here=> -\$ **9,380.02**

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. \$ **82.68**

**Part 3: Change in Income or Expenses**

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$

Debtor 1 **Christopher Robin Spires**  
Debtor 2 **Charity Wilson Spires**

Case number (if known) **17-00025**

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X /s/ Christopher Robin Spires**

**Christopher Robin Spires**

Signature of Debtor 1

Date **January 27, 2017**

MM / DD / YYYY

**X /s/ Charity Wilson Spires**

**Charity Wilson Spires**

Signature of Debtor 2

Date **January 27, 2017**

MM / DD / YYYY